

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 6983002	FILING DATE 02/15/01				
							APPLICANT(S)					
CLAIMS												
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.	*		*		*		
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TOTAL IND.	2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	
TOTAL DEP.	17	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	
TOTAL CLAIMS	19											
TOTAL IND.		↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	
TOTAL DEP.		↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	
TOTAL CLAIMS												